

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All further correspondence of the patent of the

ndicated unless correcte maintenance fee notificat		herwise in Block 1, by (i					
CURRENT CORRESPONDE	F.	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
7590 09/17/2007				Certificate of Mailing or Transmission			
Nixon Peabody Clinton Square P.O. Box 31051	LLP	I i St ac tn	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Rochester, NY 1	4603		(Depositor's name)				
							(Signature)
			L.				(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/576,370	05/22/2000		Robert H. Grubbs		37599/9	)	1808
TITLE OF INVENTION	: IMIDAZOLIDINE-BA	SED METAL CARBEN	ie metathesis cat/	ALYSTS			
APPLN. TYPE	SMALL ENTITY	ISSU E FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>-\$700</del> → \$720	0.00 so	\$0		<del>700</del> \$720	0.0012/17/2007
EXAM	INER	AERT UNIT	CLASS-SUBCLASS				
NAZARIO GONZ		1621	548-103000				
Change of corresponde CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ Change of correspondence address (or Change of Co-rrespondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2 JEFFREY A. LINDEMAN				
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 JEFFREY N. TOWNES listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or t	type)			
PLEASE NOTE: Unl recordation as set forth	ess an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assignee oletion of sthis form is NO				elow, the docu	iment has been filed for
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
CALIFORNIA INSTITUTE OF TECHNOLOGY			PASADENA, CA				
Please check the appropriate assignee category or categories s (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:  X Issue Fee			ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 5			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $19-2380$ (enclose an extra copy of this form).				
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no le	onger claiming SMAL	L ENTITY status	s. See 37 CFR	1.27(g)(2).
NOTE: The Issue Fee and	d Publication Fee (if requ	iired) will not be accepte es Patent and Trademark	d from anyone other than Office.	the applicant; a regis	tered attorney or	agent; or the a	ssignee or other party in
		Townes, Reg. ‡		***************************************	ember 14,	2007	***************************************
Typed or printed name	Jeffrey N.	Townes	,	Registration No			
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria. Virginia 223	ation is required by 37 Cl iality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	FR 1.311 The informatic U.S.C. 1 22 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SE. ND FEES OR corsons are required to re-					